

SERFF Tracking Number:	BALG-125417552	State:	Arkansas
Filing Company:	Protective Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	ARPIC08-03R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Risk Program/ARPIC08-03R		

## Filing at a Glance

Company: Protective Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: BALG-125417552 State: Arkansas

SERFF Status: Closed

Co Tr Num: ARPIC08-03R

State Tr Num: EFT \$25

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Jeremy Jaynes

Date Submitted: 01/07/2008

Disposition Date: 01/09/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Terrorism Risk Program

Project Number: ARPIC08-03R

Reference Organization: NCCI

Reference Title: Terrorism Risk Insurance Program Reauthorization

Filing Status Changed: 01/09/2008

State Status Changed: 01/09/2008

Corresponding Filing Tracking Number: ARPIC08-02F

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: B-1405

Advisory Org. Circular: CIF-2007-09

Deemer Date:

Filing Description:

Protective Insurance Company is a licensed provider of Workers' Compensation insurance. We would like to adopt by reference NCCI item B-1405 regarding the Terrorism Risk Insurance Program.

## Company and Contact

### Filing Contact Information

Jeremy Jaynes, Compliance Analyst

[jjaynes@baldwinandlyons.com](mailto:jjaynes@baldwinandlyons.com)

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1099 N Meridian St	(800) 231-6024 [Phone]
Indianapolis, IN 46204	(317) 715-9615[FAX]

**Filing Company Information**

Protective Insurance Company	CoCode: 12416	State of Domicile: Indiana
1099 N Meridian St	Group Code: 867	Company Type: Property & Casualty
Indianapolis, IN 46204	Group Name: Baldwin & Lyons, Inc.	State ID Number:
(317) 636-9800 ext. 416[Phone]	FEIN Number: 35-6021485	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	State charges \$25 for adoption of an advisory organization's rating rule.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Insurance Company	\$25.00	01/07/2008	17372956

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

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## Disposition

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>BALG-125417552</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/09/2008
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**Comments:**

**Attachment:**

AR Transmittal 03R.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	01/09/2008
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**Bypass Reason:** NA - rules filing only

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	01/09/2008
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**Bypass Reason:** NA - rules filing only

**Comments:**



Filing information (see General Instructions for descriptions of these fields)			
9.	Type of Insurance (TOI)		
10.	Sub-Type of Insurance (Sub-TOI)		
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]		
12.	Company Program Title (Marketing title)		
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14.	Effective Date(s) Requested	New:	Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="height: 380px;"></div> <p><b>Check #:</b> <b>Amount:</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)